Sponsors of:
Affiliated Centers
Unaffiliated Centers
Afterschool At-Risk

Child and Adult Care Food Program

2021

Learning Objectives

- What is CACFP?

- Reimbursement

- Eligibility

- Afterschool At-Risk

- Health and Safety

- Affiliated vs. Unaffiliated

- Staff Training

TN Department of Human Services

CACFP Application

CACFP Application deadline was August 1, 2021

All applications that are not approved by September 30, 2021 *will be denied!*

What is the Child and Adult Care Food Program?

- Supplements the expense of meals and snacks served to eligible participants

- Improves the quality of your programs

- 4.2 million children and 130,000 adults served daily in the US

Reimbursement

- Independent Centers
  - Direct agreement with the State
  - Keep 100% of the reimbursement
- Sponsoring Organizations
  - Can retain up to 15% of the center's reimbursement as administrative fees

Reimbursement Rates

Centers	Breakfast		Lunch/Supper		Snacks	
Paid	$0.33		$0.35		$0.09	
Reduced	$1.67		$3.26		$0.50	
Free	$1.97		$3.66		$1.00	
Cash-In-Lieu	$.26		$.26		$.26	
Day Care Homes	Tier I	Tier II	Tier I	Tier II	Tier I	Tier II
	$1.40	$0.51	$2.63	$1.59	$0.78	$0.21
Administrative Reimbursement Rates	**Initial 50**	**Next 150**	**Next 800**	**Each Additional**		
	$126	$96	$75	$66		

Eligible Participants

Eligible Programs

- Afterschool At-Risk Programs
- Childcare Centers
- Outside-School-Hours Care Centers
- Family Day Care Homes
- Emergency Shelters
- Adult Day Care Centers

Sponsors of Afterschool At-Risk

- Provide care for children:
  - Afterschool
  - Weekends
  - Holidays
  - School vacations during the regular school year
- Scheduled education or enrichment activities
- Open to all children
- Area Eligibility (7 CFR 226.2; 7 CFR 226.17a(b))

Eligible organizations:

- Public agencies (schools or city governments)
- Tax-exempt nonprofit organizations
- Emergency Shelters
- For-profit centers

Afterschool At-Risk Requirements

- Licensed facilities and schools
  - No additional health and safety requirements

- Unlicensed facilities
  - Less than 3 hours per day
  - 12 children
  - Must meet Health & Safety Requirements

- One meal and one snack per child each day

TN Department of Human Services

Health and Safety

We will accept <u>one</u> of the following (in order of importance):

1. Is the site located in a school?
   - ❑ Letter by approved official

2. Does the site prepare food?
   - ❑ Current environmental inspection

3. Has the Fire Department inspected the site?
   - ❑ Current fire inspection report

4. Occupancy permit
   - ❑ Valid permit

5. Private company inspection
   - ❑ Relevant inspection report

Sponsors of Affiliated or Unaffiliated Sites

Affiliated Sites
- Same company
- Same tax ID

Unaffiliated Sites
- Different companies
- Different tax ID's

Staff Training in CACFP

01 Annually train staff on Program rules and regulations

02 Key staff appropriate for duties related to CACFP

03 Document (requested during monitoring review)

What's New?

- Collection of Race and Ethnicity Data by Visual Observation and Identification in the CACFP and SFSP—Policy Rescission, CACFP 11-2021, SFSP 07-2021

- Ounce Equivalents for Grains, instead of serving sizes, implementation begins October 1, 2021.

- **September 30, 2021, Expiration of Nationwide Waivers Due to COVID-19:**

  - #40 Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the CACFP—Extension 2

  - #39 Nationwide Waiver of Onsite Monitoring Requirements for Sponsors in the CACFP

- **Expiration of Nationwide Waivers Due to COVID-19**
  - #84 Nationwide Waiver: Cover Letter: Child Nutrition Nationwide Waiver Update for School Year 2021-2022
  - #85 Nationwide Waiver to Allow the Seamless Summer Option through School Year 2021-2022
  - #86 Nationwide Waiver to Allow Summer Food Service Program Reimbursement Rates in School Year 2021-2022
  - #87 Nationwide Waiver to Allow Non-Congregate Meal Service for School Year 2021-2022
  - #88 Nationwide Waiver of Meal Times for School Year 2021-2022

- **Expiration of Nationwide Waivers Due to COVID-19**
  - #89 Nationwide Waiver to Allow Parents and Guardians to Pick Up Meals for Children for School Year 2021-2022
  - #90 Nationwide Waiver to Allow Specific School Meal Pattern Flexibility for School Year 2021-2022
  - #91 Nationwide Waiver to Allow Specific Meal Pattern Flexibility in the Child and Adult Care Food Program for School Year 2021-2022
  - #92Nationwide Waiver to Allow Offer Versus Serve Flexibility for Senior High Schools in School Year 2021-2022

Expiration of Nationwide Waivers Due to COVID-19

- #93: Nationwide Waiver of Area Eligibility in the Afterschool Programs and for Family Day Care Home Providers in School Year 2021-2022

- #94: Nationwide Waiver of Onsite Monitoring Requirements in the School Meals Programs – Revised – EXTENSION

- #95: Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Child and Adult Care Food Program – EXTENSION

- #96: Nationwide Waiver of Monitoring Requirements for Sponsors in the Child and Adult Care Food Program – EXTENSION

TN
Department of
Human Services

Questions

Recordkeeping and Claims

Purpose and Importance

- Vital to reimbursement

- Proof funds support CACFP

- Why the struggle?

Common Challenges

- The shoebox

- Searching to locate records while review is taking place

- Forgetting point of service

- Records are simply not available or nonexistent

Impact of Poor Recordkeeping

- Findings and Serious Deficiencies

- Denial of claims

- Repay prior reimbursements

Department of Human Services

CORE
CACFP OPERATIONAL
RESOURCES & EDUCATION

Records Maintenance and Tracking

Sponsoring organizations <u>and</u> facilities are responsible for maintaining and tracking **TWO** types of records

<u>Program</u>

Records demonstrate successful operations

<u>Financial</u>

Records demonstrate financial compliance

Program Records

- Training Records
- Review/Monitoring Records
- Daily Meal Service Records
- Meal Count Records
- Daily Menu Records
- Enrollment Records
- Attendance Records
- Sign In/Sign Out Sheets
- Income Eligibility Applications (Meal Benefit Forms)

Financial Records

- CACFP Income and Expenses
- Bank Statements
- Receipts/Invoices
- Payroll
- Procurement
- Claims
- Non-profit food service account
- Annual Inventory

Annual Inventory

Purpose:

Close one year's financials and carry it over to the next year

Method:

- Record food and non-food items
- Find the total amounts
- *Subtract* the amounts from September's expenses
- *Add* the amounts to October's expenses

Milk Inventory

Purpose: To ensure enough milk was purchased to meet the monthly meal requirements

- Milk purchases must be clearly indicated on receipts

- A monthly milk inventory is suggested

Records Management

Q: Why are good records important?

A: If it is not written down, it did not happen.

Records Management

Retention:

Records should be kept for a period of three years plus the current year unless there is an audit exception.

Retrieval:

Records must be readily available for retrieval and access upon request.

Best Practices

- ❑ Organize records by month and vendor

- ❑ Check files periodically

- ❑ Ensure your staff has access

- ❑ Keep current month plus prior 12 months onsite

- ❑ Offsite storage

- ❑ Produce records within a reasonable timeframe

Recap

- Maintaining accurate, complete records is vital and will have a positive impact on the success of your program.
- The sponsor is responsible for the records, no matter who maintains them.
- There are a variety of records that must be kept.
- Records should be available for review upon request.

Claims for Reimbursement

- Sponsoring organization's role
- Identify key steps
- Identify the three types of claim computations
- Describe edit checks
- Correctly calculate administrative fees
- Identify red flags
- Share best practices

Claims Overview

- USDA provides funds to State agencies who, in turn, provide funds to sponsoring organizations

- Sponsoring organizations are responsible for:
    - Reviewing,
    - Validating, and
    - Filing claims on behalf of their facilities

- Claims must comply with CACFP requirements
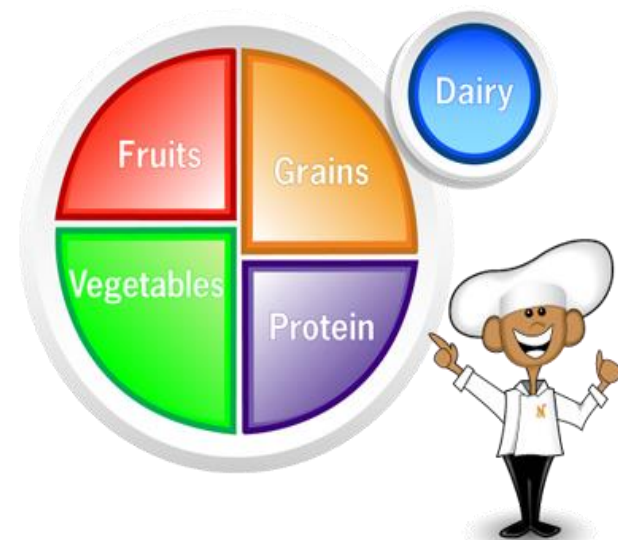
Your Role in the Claims Process

Facilities Oversight

Claims Processing

Monitoring

Accountability

Claims Processing Workflow
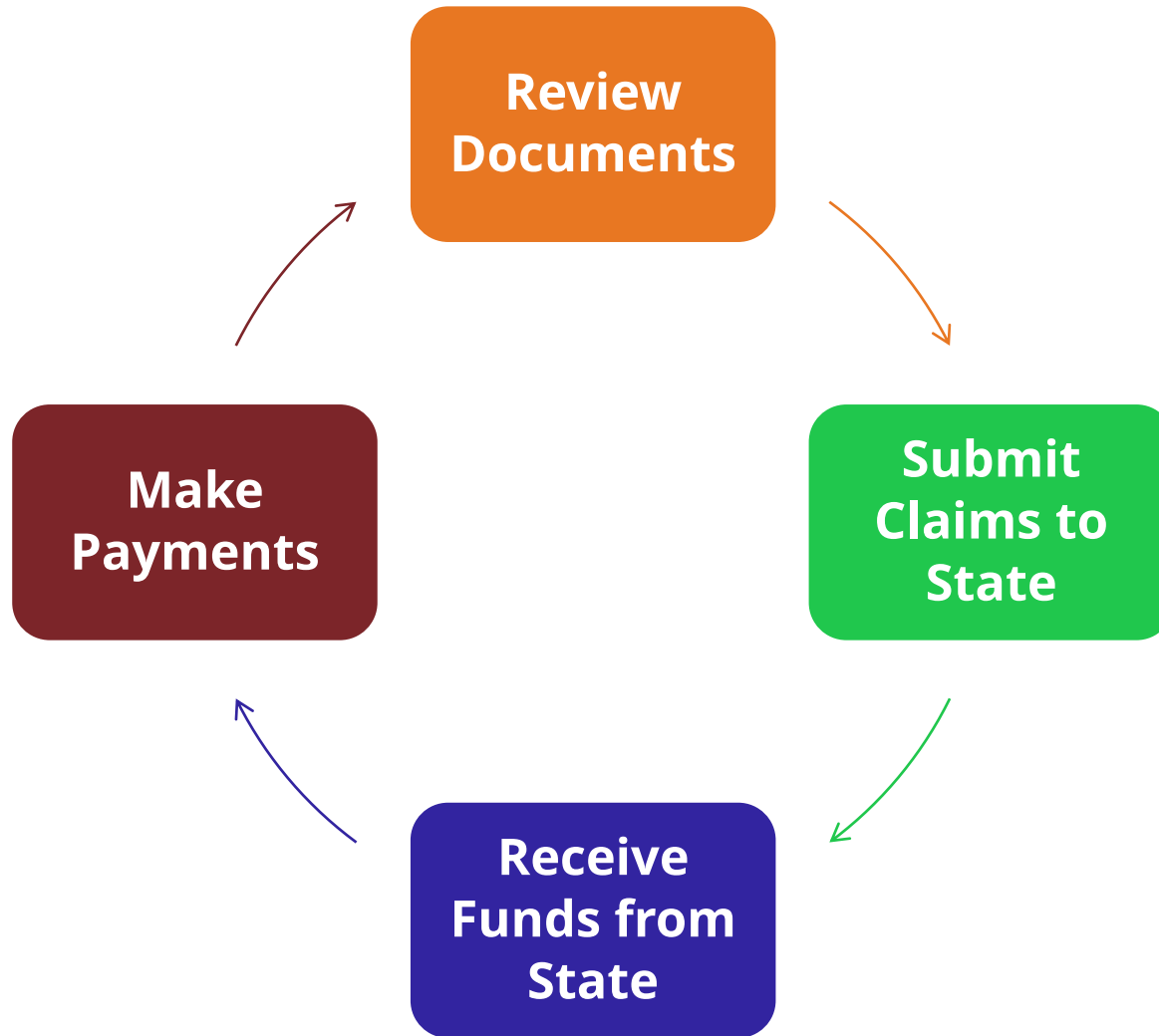
Claim Edit Checks

Sponsoring organizations are **required to perform edit checks** prior to the submission of a claim to ensure it is valid.

Edit Check #1:

Verify that each facility has been approved to serve the types of meals claimed.

Edit Check #2:

Compare the number of participants enrolled to the number of meals claimed.

Recommended Edit Checks

Attendance to Meal Counts

Claims for More Meals than Allowed

Meals Claimed for More Days than Allowed

Milk Audits

Meal Pattern Requirements

Calculating Administrative Fees

- Not an automatic 15% fee
- Consider annual net admin costs first
- Calculate the *lesser* amount of the actual cost or 15% of the reimbursement
- Do not include cash-in-lieu
- Applies to Sponsors of Affiliated and Unaffiliated Centers

Calculating Administrative Fees

Let's Practice!

Annual Reimbursement $24,000

Cash-in-lieu ~~$6,000~~

Actual Admin Cost $2,364

Sponsor receives $2,364

(15% of Actual Reimb = $3,600)

$24,000
X   0.15
$3,600

Red Flags

Claiming more participants than normally in attendance

Inflated meal counts

Irregular claiming percentages

Use of correction fluid

Meals claimed when a facility is closed

Missing signatures

Disallowed items

Missing or incomplete records

Impact of Invalid Claim Submission

- Denial of claim payments

- Request for reimbursement of paid claims

- Fines

- Possible imprisonment

Best Practices

- ❑ Perform additional edit checks
- ❑ Use an electronic claims recordkeeping system that has an audit trail feature
- ❑ Implement an internal second-party review of your claims
- ❑ Institute monthly submission of cost reporting for your facilities
- ❑ Establish and communicate a recurring deadline

Recap

- Submit claims within 60 days
- Pay facilities within five business days
- Conduct edit checks
- Hold facilities accountable
- Provide technical assistance

Questions

What is Serious Deficiency?

Serious deficiency (SD) is the status of an institution or day care home determined to be noncompliant in one or more aspects of its operation of the Program.
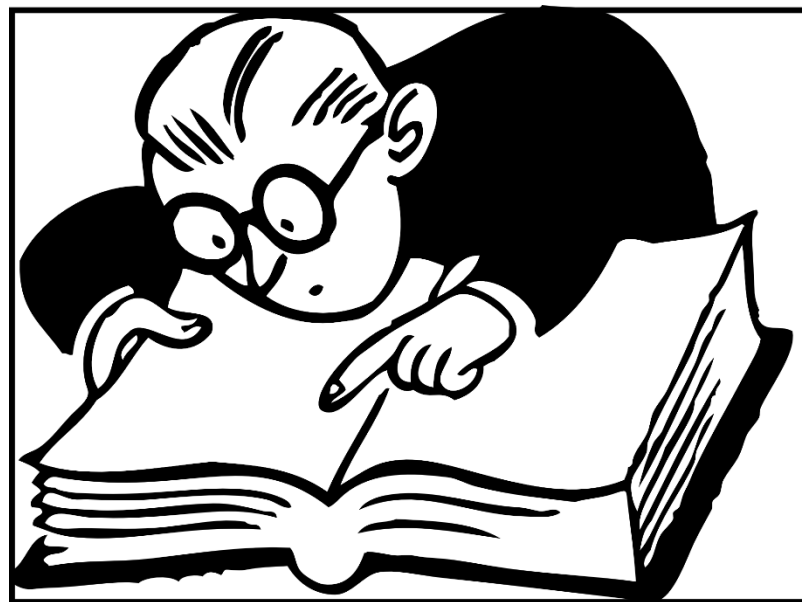
What Serious Deficiency is Not...

It is **not** meant to *scare or overwhelm*.

It is **not** a route to immediately terminate and disqualify without **Due Process**.

Purpose of Serious Deficiency

SD PROCESS
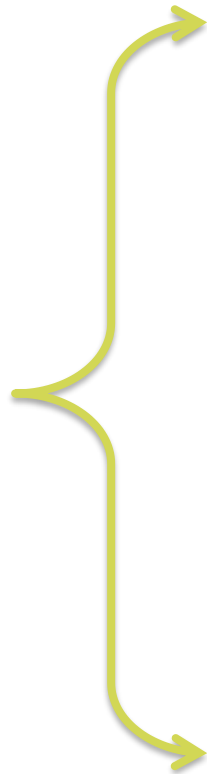
 IDENTIFY NON-COMPLIANCE

 REQUEST CORRECTIVE ACTION

 PREVENT RECURRANCE
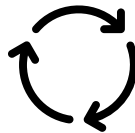
 DUE PROCESS

Sponsoring organizations are
required to:

1. Provide training and technical assistance;

2. Monitor performance;

3. Develop your SD process; and

4. Initiate and follow the SD process.

Sponsor Documentation

1. Written Complaints

2. Monitoring Visit Forms

3. Proof of Training

TN Department of
Human Services
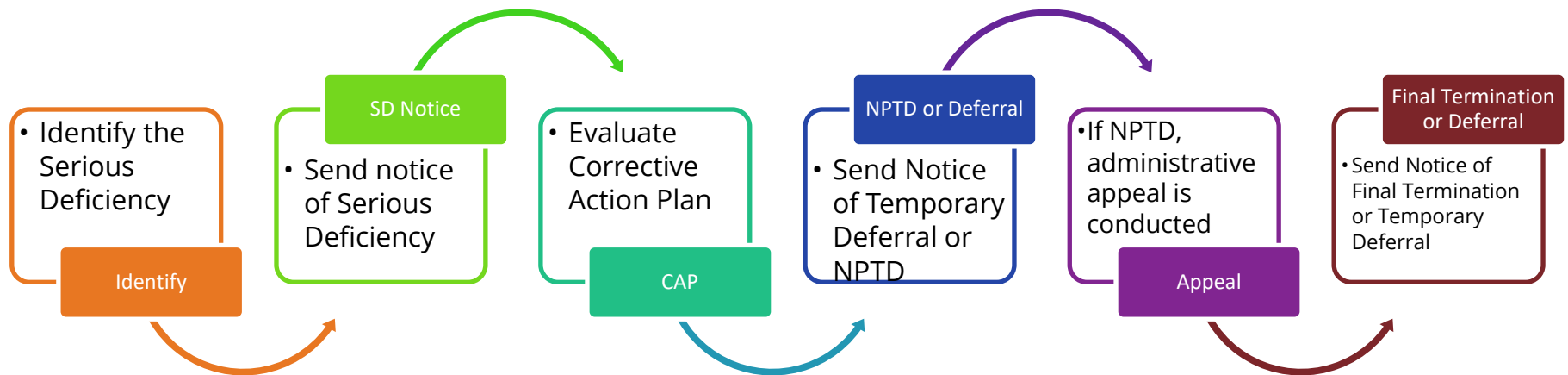
Sponsor's role does **not** include:

❌ Manage responsibilities for day care homes and unaffiliated centers;

❌ Adjusting paperwork to make a valid claim;

❌ Negotiating with sites:

  – serious deficiency
  – corrective action

TN Department of **Human Services**

Six-Step Serious Deficiency Process

Identify
- Identify the Serious Deficiency

SD Notice
- Send notice of Serious Deficiency

CAP
- Evaluate Corrective Action Plan

NPTD or Deferral
- Send Notice of Temporary Deferral or NPTD

Appeal
- If NPTD, administrative appeal is conducted

Final Termination or Deferral
- Send Notice of Final Termination or Temporary Deferral

Step 1: Identifying the Serious Deficiency

Possible reasons for a SD finding:

- False information
- False claims
- Participation under more than one sponsoring organization
- Meal-pattern requirements
- Recordkeeping
- Health or safety violations: Suspension
- Convictions
- Training

Step 2: Notice of Serious Deficiency

Issue a written Notice of Serious Deficiency

- Certified mail, return receipt or private delivery service, or email
- Send to DHS <u>at the same time</u>
- List all RP/Is
- List findings and cite Regulations
- List corrective action request and deadline
- Instructions for submitting CAP

SD determinations are not appealable.

Corrective Action Plan (CAP)

Purpose: to provide the sponsored facility a chance to *fully* and *permanently* correct the serious deficiency.

CAP request must be:
- Clearly written
- Related to CACFP Regulations
- Provide an opportunity to correct finding
- Realistic deadline

Corrective Action Plan Elements
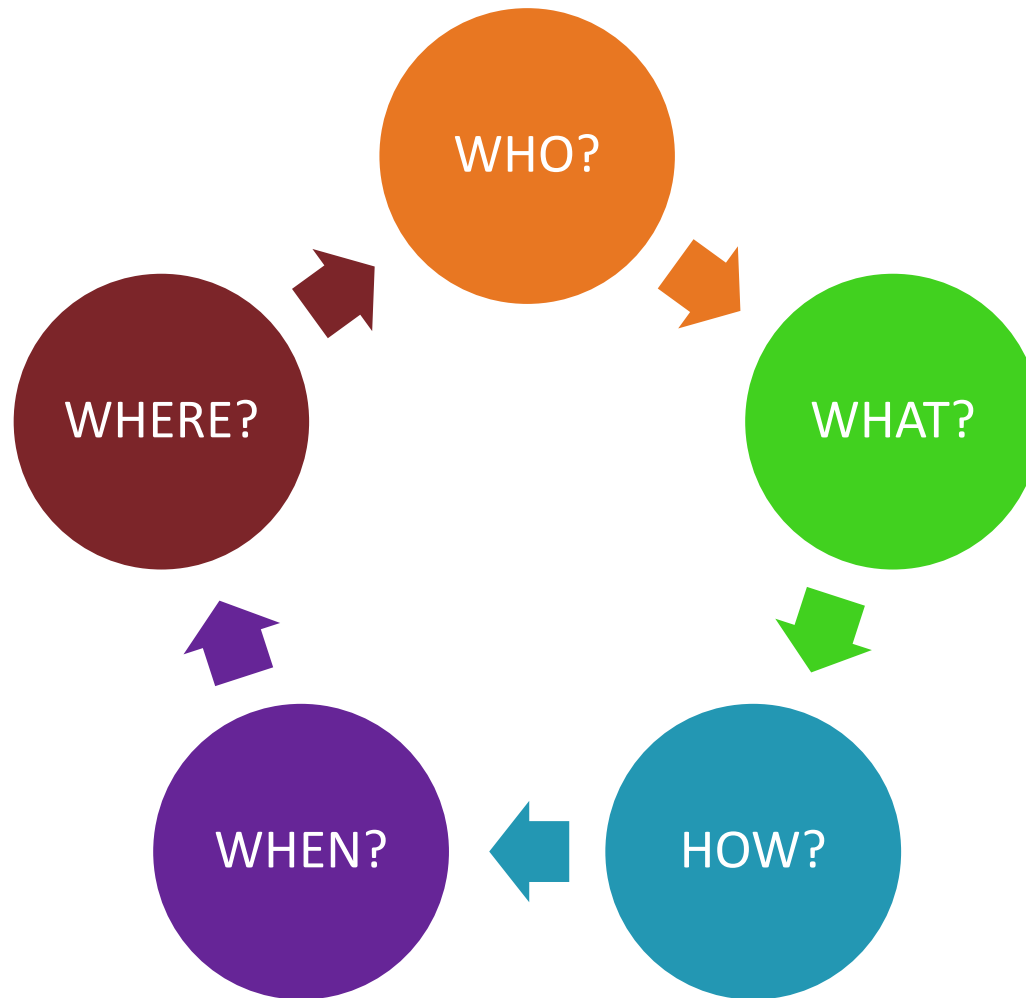
Corrective Action Plan: Deadlines

Include a deadline date for CAP.

Based on:

- The type of finding that led to the deficiency and
- The amount of time needed to fully and permanently correct

Note: 30 calendar days max

TN Department of **Human Services**

Questions

Office of Inspector General Audit Services

CACFP
Food Program Monitoring Overview

Lisa Holbrook, Program Trainer/Monitor

Introduction

The DHS Office of Inspector General (OIG)-Division of Audit Services is responsible for conducting auditing and monitoring contract agreements in connection with the various programs that DHS administers, including CACFP. Food Programs monitoring is a subdivision of Audit Services that conducts monitoring reviews of CACFP sponsoring organizations and related feeding sites.

Review Criteria

All Sponsoring Organizations are not required to be reviewed annually. DHS follows the review guidelines of the USDA and the Office of Management and Budget (OMB) when conducting CACFP monitoring reviews. In addition to the Sponsors that DHS monitor, the state's Comptroller Office auditors may also conduct auditing of the DHS programs. This is separate from DHS monitoring.

Review Criteria

- Conduct a review of every new sponsor at least once during the first year of operation
- Conduct a review of each Sponsor at least once every 3 years
- Conduct a review of at least 33% of approved Sponsors each fiscal year
- Conduct a review of every sponsor which experienced significant operational problems in the prior year;
- Conduct a review Sponsors identified as high risk
- Conduct a review of Sponsors with complaints or allegation of fraud

TN Department of Human Services

Preparing for Monitoring Visit

- Review the manuals available thru the USDA

- Follow federal and state regulations related to the CACFP

- Have all required documentation on file and available for review.

Monitoring of Institutions/Facilities

- Observation of a meal

- Required postings

- Health and Safety

- Applications and enrollment information

- Meal count Records and Attendance

Sponsor Monitoring Requirements

- Pre-Operational site visit (for new sites)

- All sites must be monitored at least 3 times in a 12 month period. At least 2 visits must be unannounced, and 1 unannounced visit must include a meal observation

- No more than six months elapse between reviews

Monitoring of Sponsoring Organization

- Review all documentation related to the Claim
- Training documentation
- Meal count and Attendance records for Review Month
- Income Eligibility Forms and Enrollment Forms
- Menus
- Administrative and operational Cost Documentation

Red Flags

Block Claiming – A claim with no variation in meal counts for a continuous 15-day period

Receipts- Receipts for milk purchased was significantly less than meals the Sponsor claimed requiring milk

Outdated Forms- Forms provided by the Sponsor are outdated, incomplete, or unavailable

Observed meal- Meal Participation for day of observation is significantly less than previous days

Common Findings

What do you think was the most common finding in FY21 CACFP Monitoring?

A. Sponsor did not purchase enough fluid milk

for meals served requiring milk

B. Sponsor reported the number of participants in the free, reduced price, and paid categories incorrectly

C. Sponsor did not conduct or document monitoring as required

D. Sponsor did not document staff training as required

- Sponsor reported the number of participants in the free, reduce-price, and/or paid categories incorrectly
- Menus did not meet the USDA meal pattern requirements
- Sponsors reported meals in excess of attendance
- Insufficient quantities of milk to support the number of meals claimed

- Incorrectly reporting the number of participants
- Sponsors did not maintain participant enrollment information
- Sponsors did not conduct or document monitoring as required
- Sponsors not providing documentation of required annual training

TN Department of
Human Services

Questions

Contact Info

- Lisa.holbrook@tn.gov

  - 901-229-5890

Participant Eligibility

Purpose:

Determines the amount of reimbursement for each meal provided to participants

Categorization:

Free, Reduced, or Paid

Documentation:

Not required for Head Start, ASAR, or Shelters

Purpose (For-Profit)

Enrollment
- At least 25% Free and Reduced

License Capacity
- At least 25% Free and Reduced
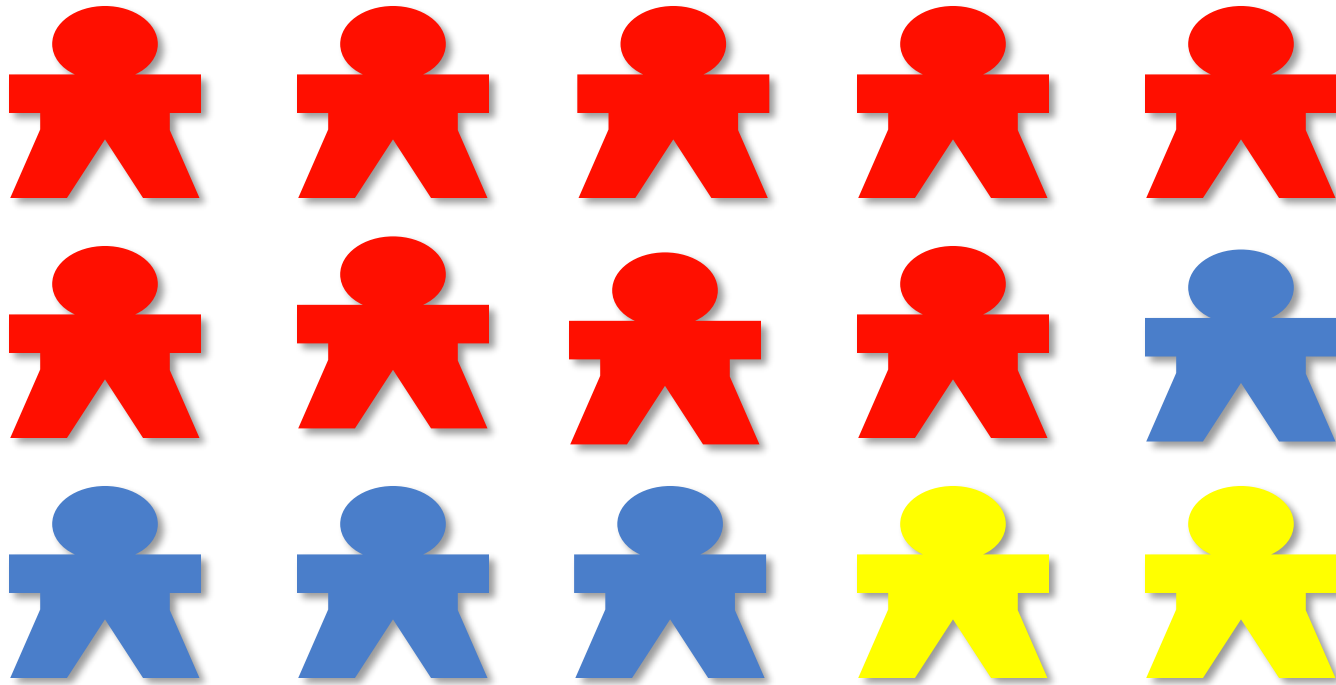
Title XX
- At least 25% receive Title XX
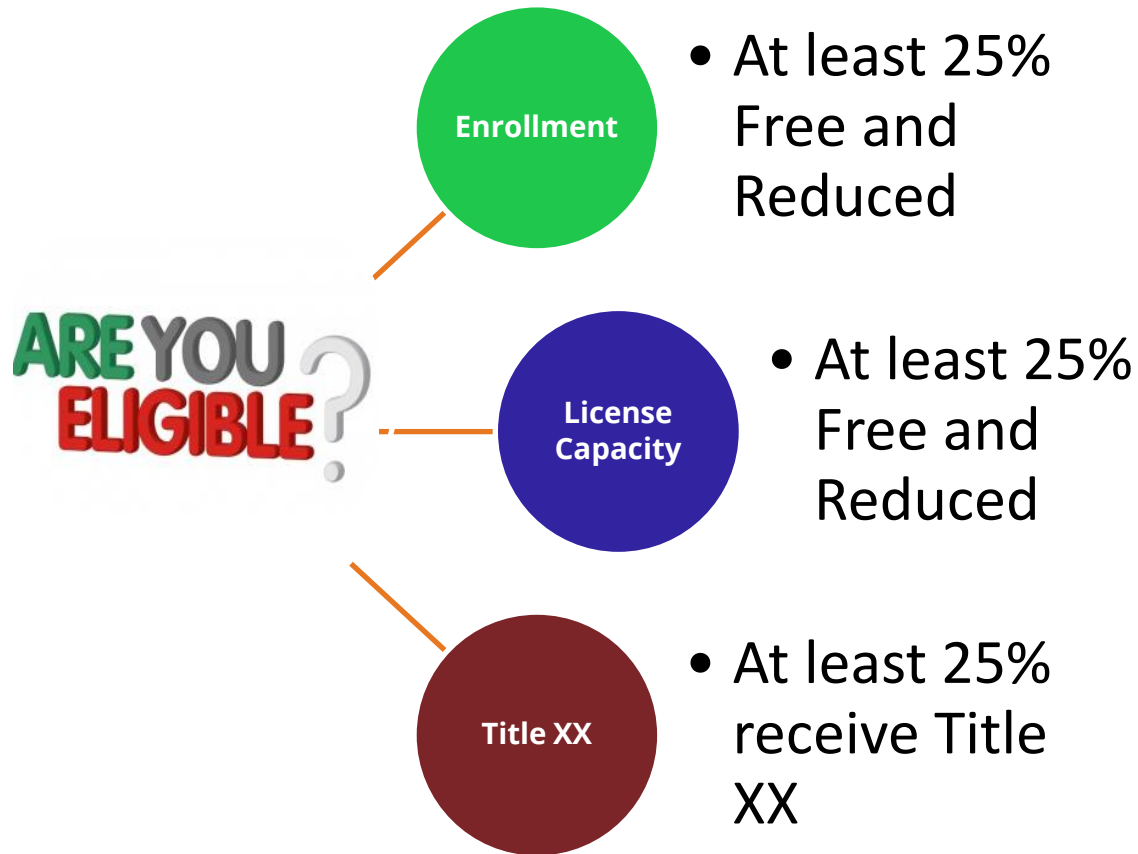
Purpose (For-Profit)

Example 1

20 Participants Enrolled. . . 25% of 20= 5 participants

Example 2

License capacity is 28. . . 25% of 28= 7 participants

Example 3

5 out of 20 participants receive Title XX…25% of participants

Meal Benefit Form Income Eligibility Application

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Children in Foster Care and children who meet the definition of homeless, migrant or runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO ▸ Go to STEP 3   IF YES ▸ Write case number here and proceed to STEP 4 (do not complete STEP 3)   **CASE NUMBER:**

Write only one case number in this space.

STEP 3 Total Household Gross Income

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often? Weekly	Bi-Weekly	Monthly	Bi-Month
$	○	○	○	○

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult and Child(ren) Household Members (first and last)	Earnings from Work	How often? Weekly / Bi-Weekly / Monthly / Bi Month	Welfare/Child Support/Alimony	How often? Weekly / Bi-Weekly / Monthly / Bi Month	Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often? Weekly / Bi-Weekly / Monthly / Bi Month
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○

Total Household Members (Children and Adults) [ ]   Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member X X X X X [   ]   Check if no SSN [ ]

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date

Address	City	State	Zip	Phone/Email

Completing the Meal Benefit Form

Step 1

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Children in Foster Care and children who meet the definition of **homeless, migrant** or **runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

Check all that apply

Completing the Meal Benefit Form

Step 2

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

Completing the Meal Benefit Form

Step 3

STEP 3   Total Household Gross Income

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The **"Sources of Income for Children"** chart will help you with the Child Income section. The **"Sources of Income for Adults"** chart will help you with All Adult Household Members section.

Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often?			
	Weekly	Bi-Weekly	Monthly	Bi-Monthly
$	○	○	○	○

B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult and Child(ren) Household Members (first and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) [ ]

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member   X X X   X X [   ]   Check if no SSN [ ]

Completing the Meal Benefit Form

Step 4

STEP 4 | Contact information and adult signature. **MAIL COMPLETED FORM TO YOUR SCHOOL AT:**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date

Address	City	State	Zip	Phone/Email

Completing the Meal Benefit Form

Step 5

OPTIONAL | **Children's Ethnic and Racial Identities (Optional)**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino   ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native   ☐ Asian   ☐ Black or African American   ☐ Native Hawaiian or Other Pacific Islander   ☐ White

Completing the Meal Benefit Form

Step 6

| DO NOT FILL OUT | For official use only |

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Household Income

How often?

Weekly	Bi-Weekly	Monthly	2x Month
○	○	○	○

Household size

Categorial Eligibility ☐

Eligibility

Free	Reduced	Paid
○	○	○

Determining Official's Signature   Date   Confirming Official's Signature   Date   Follow-up Official's Signature   Date

TN Department of Human Services

Duration of Income Eligibility Determinations

- Annually update free, reduced, and paid meal eligibility information

- Information cannot be more than 12 months old

- Forms are current and valid until the last day of the month in which the form was dated one year earlier

Effective Date

Choose:

- Date parent/guardian signed
- Date sponsor official signed

Caveat:

If the date of parent signature is **not** within the same month of certification or immediately preceding the month, the effective date must be the date of certification.

SFSP 01-2015, CACFP 01-2015 *Duration of Income Eligibility Determinations: Guidance and Q&As,* October 31, 2014

Master List

PARTICIPANT NAMES	* Racial Category Code	Hispanic or Latino	Non-Hispanic or Latino	Date Enrollment Form Signed by Parent	Date Income Form signed by Parent OR Signed & Certified by Sponsor	FR	RD	PD	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
1 Doe, Jane	B/AA		X	7/15/2020	8/10/2020	X													E/F	
2 Jones, Joseph ("J.J.")	W	X		1/9/2020	1/15/2020		X					E/R	R	R	R	R	R	R	R	
3 Winter, Neveah	NH/PI		X	10/02/2019	10/14/2019	X			F	F	F	F	F	F	F	F	F	F	F	
4 Womack, William ("Billy")	A		X	N/A	N/A			X	P	P	P	P	P	P	P	P	W/P		E/P	

* RACIAL CATEGORY CODES:			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
B/AA = Black or African American		Total Free [F]	1	1	1	1	1	1	1	1	1	1	2	
AI/AN = American Indian or Alaska Native	NH/PI = Native Hawaiian or Pacific Islander	Total Reduced [R]				1	1	1	1	1	1	1	1	
A = Asian	W = White	Total Paid [P]	1	1	1	1	1	1	1	1	1		1	

Enrollment Forms

- Participant's name

- Normal days and hours of care

- Typical meals

- Signature and date

- Annual renewal

- Not required for ASAR, Emergency Shelters, OSH

ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE

_____
Name of Child Care Facility

Instructions: This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued by the U.S. Department of Agriculture on September 1, 2004. The Addendum will be valid for one calendar year following the date of the parent's or guardian's signature.

Participant Name: _____
                          Last   First   Middle Initial

Normal Days of Care (Circle as Appropriate):

Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Sunday

Normal Hours of Care during School Year: _____ to _____

                                                    _____ to _____

Normal Hours of Care during Summer: _____ to _____

                                                      _____ to _____

Participant Meals (Circle as Appropriate):

Breakfast   AM Supplement   Lunch

PM Supplement   Supper   Evening Supplement

Parent/Guardian Name: _____
                                Last   First   Middle Initial

Parent/Guardian Daytime Telephone Number: Area Code: ____ Number: _____

_____   _____
Signature of Parent/Guardian   **Date of Signature**

Questions

- CACFP 10-2021 Consolidated Appropriations Act, 2021: Effect on Child Nutrition Programs May 5, 2021
- COVID-19 #96 Nationwide Waiver of Onsite Monitoring Requirements for Sponsors in the Child and Adult Care Food Program – EXTENSION April 20, 2021
- COVID-19 #95 Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Child and Adult Care Food Program – EXTENSION 3 April 20, 2021
- COVID-19 #93 Nationwide Waiver of Area Eligibility in the Afterschool Programs and for Family Day Care Home Providers in School Year 2021-2022 April 20, 2021

TN Department of
Human Services

- COVID -19 #91 Nationwide Waiver to Allow Specific Meal Pattern Flexibility in the Child and Adult Care Food Program for School Year 2021-2022 April 20, 2021

- COVID -19 # 84 Child Nutrition Nationwide Waiver Update for School Year 2021-2022 April 20, 2021

- COVID-19 Oversight Reporting Questions and Answers April 20, 2021

- CACFP 08_2021 Reimbursement for Meals and Snacks Served to Young Adults in the Child and Adult Care Food Program: Implementation Guidance for State Agencies April 9, 2021

TN Department of **Human Services**

- CACFP-07-2021 Child Nutrition Emergency Operational Costs Reimbursement Programs: State Agency Implementation Plan Template and Q&A Guidance, March 15, 2021

- Child Nutrition Emergency Operating Costs Reimbursement Programs Q&A #2, March 15, 2021

- CACFP 05-2021 Child Nutrition Program Emergency Operating Costs During COVID-19: Implementation Guidance for State Agencies, January 26, 2021

- Q&A for Program Reimbursement for Emergency Operational Costs for Child Nutrition Programs during the COVID-19 Pandemic, January 26, 2021

- CACFP 01-2021 Questions and Answers Relating to the Nationwide Waiver to Allow Summer Food Service Program and Seamless Summer Option through School Year 2020-2021—Extension Q&As #2, October 14, 2021

- COVID-19 Child Nutrition Response #70 Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs—Extension #5, October 9, 2020

- COVID-19 Child Nutrition Response #68 Nationwide Waiver of Area Eligibility in the Child and Adult Care Food Program At-Risk Afterschool Care Component—Extension, October 9, 2021

TN Department of Human Services

- Procurement: Federal Micro-Purchase Simplified Acquisition Procurement Thresholds

- Twenty-third Release of the Child Nutrition Database

- Best Practices for Defining the CNP System Replacement or Upgrade

- Best Practices for Project Management for the CNP System Replacement of Upgrade

- Audit Fund Allocation Memo Instructions

What questions do you have?

TN Department of
Human Services

Upcoming Trainings

Ounce Equivalents in CACFP
September 7, 2021
9:00 am CST

CACFP Waivers Training
September 23, 2021
9:00 am CST

Nondiscrimination Statement

In accordance with civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State of local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1)   mail: U.S. Department of Agriculture
            Office of the Assistance Secretary for Civil Rights
            1400 Independence Avenue, SW
            Washington, D.C. 20250-9410;
(2)   fax: (202) 690-7442; or
(3)   Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Contact Information

CACFP Main Telephone Line
(615) 313-4749

CACFP Email
cacfp.dhs@tn.gov

Tennessee Information Payment System
https://tndhs.cnpus.com/prod/Splash.aspx

CACFP-Department of Human Services
tn.gov/humanservices/children/dhs-nutrition-programs/child-and-adult-care-food-program.html

Thank you!